Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-14-08</u>	Address:	975 <u>East 1/2 mile south</u>
Case #:	<u>2</u> 4-2944 <u>2</u>		Of Epworth Forest Dr.
County:	<u>Kosciusko</u>		North Webster, IN
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	ional Lab cal/Glassware/Equipment (only) site (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
(check all t	i <u>nd: Location (bedroom, kitchen, open a</u> that apply) n/Ammonia Reaction(s):	<u>ír, etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Hidden in woods in propane tank			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes No *It yes, fax	der age 18 discovered (check one) (number present) report to Child Protective Services	☐ Ephedri ☐ Retail/I ☑ Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depa	artment: North Webster		<u>-834-5668</u>
Health Department: Kosciusko		Fax: <u>574</u> Fax:	- <u>269-2023</u>
Child Protection Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			
 *** This form is to be faxed to the Pire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention. 			